

Ageing in place strand

Strand organisers: Dr. Maja Palmer, Dr Yazhen Yang (University of Southampton)

Ageing in place: health. Tuesday 15 September 9.30am

Mental health status of the elderly in India - Mukesh C. Parmar, Jawaharlal Nehru University, New Delhi

With a share of 8.5 percent of the elderly population, India is facing serious public health challenges. Mental health is one of the neglected areas among them. This study uses data from the 76th round of the National Sample Survey of India (2018), on persons with disabilities, to study the status of mental health amongst the elderly population. The symptoms of mental illness used from the dataset are- (a) Excessive worry and anxiety, (b) mood swings, (c) talking to oneself and laughing, (d) experiencing distinctive smell, hearing and vision, and (e) difficulty in social interactions and adaptation. We categorized (a), (b) and (c) into first type, (d) into second type, and (e) into third type of mental illness. Our findings show that 62 percent of the elderly suffer from at least one of these mental problems. Also, 76 percent of the elderly require personal assistance to carry out their daily chores. The majority of the elderly fall into the poor and middle class of the wealth index, belong to the 60-69 age group and reside in a rural area. Regression analysis shows that age, education and wealth quintile are strong predictors of mental health problems in the elderly. Changing family and social structure in India puts a great burden on caregivers to look after older people with mental health problems. Therefore, the onus falls directly on the government to meet the special needs and assistance required.

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Age and life satisfaction: getting control variables under control - David Bartram, University of Leicester

Researchers investigating the relationship between age and life satisfaction have produced conflicting answers, via disputes over whether to include individual-level control variables in regression models. Most scholars believe there is a 'U-shaped' relationship, with life satisfaction falling towards middle age and subsequently rising. This position emerges mainly in research that uses control variables for e.g. income and marital status. This approach is incorrect: regression models should control only 'confounding' variables, i.e., variables that are causally prior to the dependent variable and the core independent variable of interest. Other individual-level variables cannot determine one's age; they are not confounders and should not be controlled. This paper applies these points to data from the World Values Survey. A key finding is that there is at best a negligible post-middle-age rise in life satisfaction – and the important implication is that there cannot then be a U-shaped relationship between age and life satisfaction.

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Assessment of cognitive health during various marital phases: Evidence based on the Health and Retirement Study, 1998-2014 - Shubhankar Sharma¹, Jo Mhairi Hale², Mikko Myrskylä¹, Hill Kulu², ¹Max Planck Institute for Demographic Research, ²University of St Andrews

Research question: Earlier studies have documented cognitive health differentials by marital status such that the risk of cognitive impairment is lowest among the married. However, we lack evidence regarding the overall burden of cognitive impairment during various marital phases. Therefore, we address the research question- how many years does an older American live with normal cognition, mild cognitive impairment and dementia during various marital phases of life? Data and Methods: We use the Health and Retirement Study (1998-2014) and incidence-based Markov chain multistate model to address the research question. The central inputs to our Markov model are the transition probabilities which we calculate using the multinomial logistic regression models. We use a unique way of analysis by combining marital status and cognitive health as one outcome variable. We also perform our analysis by race/ethnicity and education stratified by gender. Results: We find

married years as 'protective' of cognitive health. Older adults live almost twice the share of years as cognitively impaired during unmarried years compared with the married years. The advantaged groups, namely, highly educated and Whites experience lowest burden of cognitive impairment during married as well as unmarried years. The disadvantaged groups, namely, Blacks, Latinx and lowly educated experience higher burden of cognitive impairment during both marital phases. Application: The study findings will help to understand the advantages of married years on the cognitive wellbeing compared to the unmarried years in a situation of declining percentages married people and increasing rate of divorce during recent decades in the US.

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Life before death: Trends and disparities in health at the end of life - Yana Vierboom, Max Planck Institute for Demographic Research

Research typically considers age to be the primary risk factor for poor health. In this paper, I consider trends and disparities in end-of-life health in light of years of life remaining, rather than years lived. I use annual data from the 1997-2014 National Health Interview Survey, linked to death records through 2015, for respondents who died at ages 65+ and within 6 years of being interviewed. I compare end-of-life prevalence of poor self-rated health and activity limitations across time, population subgroups, and causes of death. I find that time spent with a functional limitation in the final 6 years of life did not change for respondents interviewed between 1997-2010, though the amount of time women spent in fair/poor self-rated health declined by 3 months. Decedents who live to older ages, identify as black, and have less formal schooling, live with an end-of-life disability for longer, and—except for older decedents and women—report worse health. Although women spend 70% more time than men in a disabled state, self-rated health at the end of life is similar across sexes. Cancer decedents are 3-5 years younger at death than the overall population and, along with accident decedents, experience shorter periods of poor health and disability in the final 6 years. Decedents from respiratory and cerebrovascular diseases spend prolonged periods in poor health and with activity limitations. Policies should target support at groups at risk of long periods of poor health and disability.

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Grandchild caring and late-life depression: A comparative study in England, Europe and China – Yazhen Yang, University of Southampton

Objectives: This study investigates the provision of (intensive) childcare by grandparents, and associates this with their depression status based on the Harmonised Survey of Health, Ageing, and Retirement in Europe (SHARE), English Longitudinal Study of Ageing (ELSA) and China Health and Retirement Longitudinal Study (CHARLS) data 2014/15. Methods: A pooled dataset with observations from three Harmonised HRS-sister surveys collected in 2014/15 (the ELSA Wave 7, SHARE Wave 6 and CHARLS Wave 4) was created. Methods such as chi-squared tests and multivariate binary logistic regressions were used to examine the association between (intensive) grandchild caring and late-life depression. Results: The results have shown that the involvement of grandparents in their grandchildren's care is not strong in England, and significant variations in the prevalence and intensity of care are identified over Europe and China. Specifically, grandparents in southern European countries are less likely to provide grandchild care but do so more intensively than their counterparts in northern European countries and China. Moreover, grandparents in southern European countries are most likely to report having depressive symptoms, followed by China and northern European countries, which is associated with their (intensive) provision of grandchild care. Conclusions: This study makes a unique contribution to our understanding of grandchild caring and its impact on older people's psychological health. Importantly, whether intensive grandchild care provision has an association with the depression status of older people and the strength of such association is a question which can be answered differently depending on the cultural context.

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Ageing in place: informal care. Wednesday 16 September 9.30am

Associations of discontinuation of care: a longitudinal analysis of the English Longitudinal Study of Ageing? - Maja Emilie Fuglsang Palmer, University of Southampton, Centre for Population Changer

Informal carers play a vital part to ensuring that individuals in need of care, due to illness or disability, continue to experience a good quality of life. Care provision has been studied extensively, however little is known about the associations of discontinuing care. This knowledge is important not only to ensure that informal carers are supported, even after care provision has ceased, but also to ensure that those cared for are not left without support. By conducting longitudinal analysis of the English Longitudinal Study of Ageing (ELSA), this paper uniquely starts to unveil the associations of discontinuing the caring role and the patterns of care provision prior to discontinuing. Multivariable binary regression analysis was conducted of the ELSA waves 7 (2015) to 8 (2017) with a total sample size of N=6,687. 10.5% (n=701) respondents were identified as discontinued carers. The dependent variable was whether care had been provided in wave 7 but not in wave 8 (a discontinued carer), compared to providing care in both waves (a continuing carer). Socio-demographic, such as age, gender, marital status, economic activity and health acted as independent variables were measured in wave 8, whereas variables related to care, such as caring intensity and relationship with care-recipient, were measured in wave 7. The results showed that nearly 30% of the discontinued carers had provided care to a spouse in wave 7. Nearly a quarter of continuing carers had transitioned between care-recipients which raises the question of a potential 'Serial Carer Trajectory'. The regression analysis noted that being divorced or widowed increased the odds of discontinuing care, compared to those who were married. Providing 20-49 hours of care per week, compared to under 20 hours per week, was associated with lower odds of discontinuing the role. This paper suggests that policy-makers take a holistic approach to policies to support carers through all stages of their caring journey, including after the carers have stopped providing care. This could ensure carers settle into life post-caring and continue to feel valued and recognise

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Gender composition of adult children of care regimes from a care network perspective - Zeynep Zümer Batur Van Liempt, Jorik Vergauwen, Dimitri Mortelmans, University of Antwerp

Research on upward intergenerational solidarity concentrates mostly on the gender composition of siblings and its effect on labour division solely. Our study carries the current findings a step further by examining the effect of gender composition on informal and formal care that parents take up on the one hand, the formation of care network due to the gender composition on the other hand. Using the data from the Survey of Health, Ageing and Retirement in Europe in 2015, we found that parents with daughters use less formal care because daughters take up more informal caregiving responsibilities than sons, therefore lower the need for formal care. Further analysis in our article demonstrated that depending on the gender composition of siblings, complementary or substitutional care networks arises. We concluded that the presence of a daughter in sibling groups is the key to reduce the formal care that parents might use. The results suggest that gender composition of adult children is an important factor in explaining the allocation of informal and formal care that parents need.

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Does informal caregiving predict loneliness? A comparison of loneliness measures - Lisa Davison, R.M. Willis G.C. Langat, University of Southampton

Although it is recognised that loneliness is universal, The UK Government highlights caregivers as a group potentially more vulnerable to loneliness. Alongside evidence from Carers UK which suggests that as many as 81% of caregivers report loneliness, research into specific caregiving groups indicate that, for example, caregivers of cancer patients, and dementia caregivers are at risk of heightened levels of loneliness. Furthermore, research suggests that factorial surveys more effectively address social desirability bias, a known

limitation of using direct questions for stigmatised topics, and often linked to under-reporting loneliness. However, there is limited evidence comparing loneliness measures among groups such as caregivers, who are reported to experience higher levels of loneliness. Using binary logistic regressions to analyse data from wave eight of the English Longitudinal Study of Ageing (ELSA), this research questions whether provision of informal care is associated with directly reporting loneliness, and/or loneliness measured by the 3-item UCLA Loneliness Scale (UCLA-LS). The results suggest that, in the unadjusted models, caregiving was associated with higher odds of UCLA-LS loneliness but was not significantly associated with loneliness measured by the direct question. However, the association between caregiving and UCLA-LS loneliness attenuated with the inclusion of health and wellbeing covariates in the fully adjusted model. This research highlights that direct questioning may not capture a true picture of loneliness, and it may be particularly relevant to focus on the health and wellbeing of caregivers as a way to combat loneliness.

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Care for ageing parents by adult children with and without siblings - Jenny Chanfreau & Alice Goisis, University College London

Like many other countries, the UK social care system relies extensively on informal carers and is projected to face a future care gap. Adult children with siblings can share the responsibility, time and effort of caring for older parents. While in practice parent-care is not necessarily shared equally between siblings, especially in mixed-gender sibling groups, evidence suggests that a larger network of informal carers reduces stress on adult children. Only children, defined as not having co-resident biological siblings in childhood, face this responsibility alone but research is limited on only children's parent-care patterns and associated stress or mental wellbeing. This paper investigates whether and how adult only children's provision of parent-care differs from adult children with siblings, and how these differing care patterns relate to adult children's wellbeing. Using data from three large scale British birth cohort studies we analyse the help and care adult children provide to their parent(s) at different ages: 38 and 42 (1970 cohort), 50 and 55 (1958 cohort), and 62 (1946 cohort). Preliminary results show that only children tend to do more parent-care and the differences appear greater at later ages. Further, care provision is gendered, and among adult children with siblings the composition of the sibling group matters for individual involvement in parent-care. We did not find a substantively strong association with wellbeing among parent-carers, nor any evidence that the relationship differs between those with and without siblings.

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Are there socio-economic inequalities in grandparental childcare? New evidence from the English Longitudinal Study of Ageing - Giorgio Di Gessa¹, Paola Zaninotto¹, Karen Glaser², ¹University College London, ²Kings College London

Grandparents play a vital role in providing childcare to families. However, little is known about whether more intensive involvement is associated with socio-economic disadvantage, and about the nature of care provided by grandmothers and grandfathers. This study is based on grandparents aged 50 and over who looked after grandchildren. Data is from wave 8 of the nationally representative English Longitudinal Study of Ageing (2016/2017). We exploit newly collected information on grandparenting, including activities grandparents undertake with/for their grandchildren, and motivations for such care. Using multinomial regressions, we examined the extent to which grandchild care is socio-economically patterned. We run separate models for grandmothers and grandfathers. Results show that 61% of grandfathers and 69% of grandmothers looked after grandchildren, with about one third of grandmothers and a quarter of grandfathers reporting two or more days a week of grandchild care. Those providing more intensive care were more likely to be from disadvantaged backgrounds. Both grandmothers and grandfathers with more intensive commitments reported financially supporting working parents as the main reason for such care and undertook more arduous caring tasks. Thus,

greater attention needs to be paid to policies aimed at reducing inequalities in grandparenting while supporting working families.

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Ageing in place: housing & decision making. Wednesday 16 September 4.00pm

Changes in housing tenure and implications of housing tenure in later life - *Ngairé Coombs; Rose Giddings; Angele Storey, Office for National Statistics*

The current housing climate is making it increasingly difficult for those at younger ages to get a step on the housing ladder. The social rented sector has been declining and has now been overtaken by the private rental sector. Fewer households are owned with a mortgage, particularly at younger ages. This means that people may be increasingly likely to remain in the private rental sector or take out mortgages later in life and will be paying rent or paying off a mortgage as they approach retirement. Despite renting being more costly than owning a property with a mortgage, houses in the private sector tend to be older and of poorer quality in terms of thermal comfort and the presence of damp, which can have a direct impact on health and well-being at older ages. Health issues among older people can result in greater need for adaptations to allow for self-sufficient living. Requests for repairs or adaptations in the private rental sector can lead to tenancies being cut short, yet older people who rent privately are less likely than younger people to have moved recently. Concerns over eviction may prevent older people from asking landlords for repairs and for adaptations enabling them to complete everyday tasks unassisted, such as stairlifts and grab rails, which in turn increases demand on adult social care and the NHS. This study analyses English Housing Survey data to examine the implications of the tenure of tomorrow's older people for finances, housing quality, health, and accessibility.

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Late life decision-making - *Heather Mulkey, Elisabeth Schröder-Butterfill, Rosalind M. Willis, University of Southampton*

People aged 85 and above, may face numerous challenges in late life: bereavement, decline in mental and/or physical health, or increasing dependence, necessitating decisions about possible future care. Little research exists on how older people make decisions regarding the challenges they may face. Using a qualitative longitudinal methodology, this research seeks to understand how decisions about late life are made and how experience of weathering previous life course transitions informs future decision-making. This is important in order to foster greater understanding of how to survive and thrive in late life. This is an exceptional cohort. The 17 community-dwelling participants, averaging age 87, have lived through WW2 and rationing, and negotiated the subsequent societal upheavals and personal transitions to reach late life in relative health. Most are widowed, and all except one consider their health as fair or better. Over the course of a year, they have participated in quarterly semi-structured interviews discussing major life decisions, past, present, and future, including end-of-life decisions. The most commonly cited future decisions concern health, driving cessation, participation in cultural, social and voluntary activities, financial matters, travel, and the need for possible care at end of life. It appears that decision-making styles differ from styles proposed in academic literature, especially regarding women's styles which may vary over the life course. Whilst faced with many possible future challenges, the participants' life experience and resilience have enabled them to make decisions which support continued engagement in their community whilst preparing for whatever the future holds.

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The residential choices of the 65+ in Continental Europe: Ageing in the community or in a communauté? - Anne Laferrère & Louis Arnault, LEDa, LEGOS, Paris-Dauphine University

With population ageing, the issue of care delivery to the dependent elderly becomes crucial. "Ageing in place", in the community, seems the favourite option, as opposed to living "in a community" such as a nursing home (NH). We study the housing choices of the 65+ using 5 waves of the SHARE (Survey on Health Ageing and Retirement in Europe) in 11 countries. The annual mobility rate is low. Moves between private homes decline with age; increase with the number of children, bringing family members closer. Mobility or ADL limitations induce to change residence. Moves to a NH are more likely for those with cognitive impairment, who have no spouse, or no child living close by. They are less likely for the highly educated or the wealthy. This as a sign that the preferred option is to live in the community. Moving to residential care at the very end of life is only linked to health and disability. The movers between private homes who "downsize" were more likely to have lower wealth, to have lost their spouse and had more unoccupied rooms. The desire to "age in place" is likely to go on in the future. Hence the necessity to adapt homes and neighbourhoods, organize and finance home care, and adapt NH to more heavily disabled people, especially with dementia, or closer to the end of their lives than in the past, needing highly qualified care.

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Using one's home to self-fund ageing in place in Britain: implications of Equity Release for intergenerational justice and socio-spatial inequalities – Sylvie Dubuc, University of Reading

Population ageing intensifies the pressure on public finances. In the current political climate of austerity, welfare state retraction and marketization of care, equity release (ER) may seem an appealing policy option to some, to fund ageing in place. ER financial products allow older homeowners to use part of the wealth tied up in their home, while delaying repayment until death. Based on a review of the literature, reports and interviews with a few ER professionals, the paper describes and explains the UK ER market and products, the social diversity of ER customers and their geographical concentration in high housing value regions. The implications of 'mainstreaming' self-funded ageing costs through one's housing wealth are discussed. The analysis challenges the argument of intergenerational fairness advanced by the professional providers, and uncovers the high risk of reinforcing social and geographic inequality. Conclusions and recommendations may guide policy in and beyond the UK.

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